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Bib Data Sheet

CONFIRMATION NO. 6330

SERIAL NUMBER 09/272,955	FILING DATE 03/19/1999 RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. 15-5-2-5-4	
APPLICANTS ALBERT D. BAKER, LINCROFT, NJ; VINCENT H. CHOY, HAZLET, NJ; VEDA GUNDANNA, MATAWAN, NJ; JAMES CHENG-PING LIU, HOLMDEL, NJ; EILEEN PATRICIA ROSE, MANASQUAN, NJ;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/05/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 7	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
ADDRESS Joseph B. Ryan Ryan, Mason & Lewis LLP 90 FOREST AVENUE LOCUST VALLEY, NY 11560					
TITLE AUTOMATED ADMINISTRATION SYSTEM FOR STATE-BASED CONTROL OF A TERMINAL USER INTERFACE					
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/272,955	03/19/99	345	2774	15-5-2-5-4

APPLICANT
 ALBERT D. BAKER, LINCROFT, NJ; VINCENT H. CHOY, HAZLET, NJ; VEDA
 GUNDANNA, MATAWAN, NJ; JAMES CHENG-PING LIU, HOLMDEL, NJ;
 EILEEN PATRICIA ROSE, MANASQUAN, NJ.

CONTINUING DOMESTIC DATA***
 VERIFIED

None

AL

371 (NAT'L STAGE) DATA***
 VERIFIED

None

AL

FOREIGN APPLICATIONS***
 VERIFIED

None

AL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/05/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>AL</u>	NJ	7	22	3
Examiner's Initials		Initials			

ADDRESS
 RYAN & MASON
 90 FOREST AVENUE
 LOCUST VALLEY NY 11560

TITLE
 AUTOMATED ADMINISTRATION SYSTEM FOR STATE-BASED CONTROL OF A TERMINAL
 USER INTERFACE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$796		